

# CARING FOR YOUR BABY

## SIDS: What You Need To Know *Safe Sleep and More For When Baby Comes Home*

### What are the risks?

Sudden Infant Death Syndrome (SIDS) is the sudden, unexplained death of a healthy baby that dies quickly and without warning and remains unexplained after postmortem investigation. SIDS is one of the major causes of death in babies from one month to one year of age. It claims the life of over 2,500 babies each year.

- Most SIDS deaths occur when a baby is between 2 and 4 months old. 90% occur before 6 months of age.
- African-American infants are twice as likely and Native American infants are about three times more likely to die of SIDS than Caucasian infants.
- More boys than girls fall victim to SIDS.

### What you and your baby's caregiver need to know:

- **Put your healthy baby on its back to sleep.** Research has proven that the number of babies dying of SIDS has been reduced since more parents and caregivers have learned this simple tip.
- **Place your baby on a firm mattress to sleep, never on a pillow, waterbed, sheepskin, or other soft surface.** Do not put fluffy blankets, comforters, stuffed toys, or pillows near the baby to prevent suffocation.
- **Make sure your baby does not get too warm while sleeping.** Keep the room at a temperature that feels comfortable for an adult in a short-sleeve shirt. To avoid overheating, cover the baby only with a light blanket that reaches no further than the shoulders. Some researchers suggest that a baby who gets too warm could go into a deeper sleep, making it more difficult to awaken.
- **Do not smoke, drink, or use drugs while pregnant and do not expose your baby to secondhand smoke.** Infants of mothers who smoked during pregnancy are three times more likely to die of SIDS than those whose mothers were smoke-free; exposure to secondhand smoke doubles a baby's risk of SIDS.
- **Breastfeed, if possible.** There is some evidence that breastfeeding may help decrease the incidence of SIDS. The reason for this is not clear, though researchers think that breast milk may help protect babies from infections that increase the risk of SIDS.
- **If your baby has GERD, (gastroesophageal reflux disease) be sure to follow your child's doctor's guidelines on feeding and sleep positions.**
- **Put your baby to sleep with a pacifier during the first year of life.** If your baby rejects the pacifier, don't force it. Pacifiers have been linked with lower risk of SIDS. If you're breastfeeding, it's a good idea to wait until after the baby is one month old so that breastfeeding can be established.
- **While infants can be brought into a parent's bed for nursing or comforting, parents should return them to their cribs or bassinets when they're ready to sleep.** Room sharing is safer than bed sharing. Never share your bed with your infant or place them in an older child's bed.
- **Let your baby play on his or her tummy when awake and someone is watching.**



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## Your Baby's Doctor

It's a good idea to choose a doctor for your baby before she is born. Meet with your baby's doctor toward the end of your pregnancy so you'll be comfortable with the office before you bring your baby in for her first visit. When first meeting with your baby's doctor, ask:

- When will my baby's first checkup be?
- How often should I bring her in for checkups?
- How far in advance should I schedule appointments?
- How do I schedule an appointment if she gets sick?
- What do I do in case of an emergency?

## THE MEDICINE CABINET

Stock your baby's medicine cabinet now, so you'll have what you need on hand:

A rectal thermometer and lubricant	Syrup of ipecac (use only as directed by your baby's doctor or Poison Control Center)
Cotton swabs	An electrolyte solution
Non-aspirin liquid pain reliever	Saline drops
Rubbing alcohol	
Nail clippers (for infants)	
Suction bulb for the nose	



## Caring for the Umbilical Cord

The umbilical cord stump drops off in a few weeks. Until then, keep it clean and dry.

- Tuck the diaper below the cord. Each time you change your baby's diaper, dip a cotton swab in rubbing alcohol and gently clean the area where cord and belly meet.
- A bit of blood may spot the diaper when the stump drops off.
- If you see pus or redness or the baby cries when you touch the area, call your baby's health care provider.

## Holding Your Baby

- To support a newborn's weak neck and heavy head, place the palm of your hand on the baby's neck and back. Cradle the head with your fingers.

## Diapering Your Baby

- Clean the diaper area with diaper wipes (or plain water on a soft cloth for a newborn or baby with sensitive skin). Take extra care with creases and folds. Wipe girls front to back to avoid infection. Pat dry. Use ointments only to help clear up diaper rash. Don't use talcum powder because it can irritate the baby's lungs.

## Bathing Your Baby

- A bath every 2 to 3 days is plenty if you keep the diaper area clean. Use mild baby soaps and shampoos.
- Sponge baths are best until your baby's belly button heals. Lay her on a padded towel in a warm room. Dip a cotton ball into plain water and gently wipe her face. Then dip a washcloth in a bowl of warm, soapy water to wash her body. Do the diaper area last. Wash off soap with plain water. Keep her warm by covering any area you're not washing with a towel.



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- When she's older, you can bathe your baby in a small plastic tub or the sink. Line it with a sponge or towel to make it less slippery and use just a few inches of warm water. Put soap, a container of clean, warm rinse water, washcloth and towel within reach. Gently wash her face first with plain water, then use a soapy washcloth or your hand on her body. Wash the diaper area last. Rinse her with clean water. Then wrap your baby in a towel and pat her dry.
- To wash your baby's head, wet it a bit and wash with just a little shampoo. Tip her head back so no soapy water runs into her eyes and gently pour clean water over the hair.

## Soothing A Crying Baby

- Babies cry when they need to be fed, changed, cuddled or calmed, or when they don't feel well. Newborns sometimes cry up to 3 hours a day (not all at once). If your newborn can't be soothed, or pulls up her legs and passes gas often, she may have colic. No one knows just what causes colic. Sometimes, a breastfeeding mother's diet or a type of formula can be causing the problem.
- You won't spoil your baby by responding quickly. Studies show that babies whose parents respond quickly in their first 6 months cry less in the next 6 months. To calm your baby, try soft music, walking, rocking, holding the baby in a sling or front carrier, or swaddling her in a blanket. Car rides and soft, consistent noises like running water or a vacuum cleaner sometimes work. Make tapes of any sound that soothes your baby.<sup>1</sup>

## Hearing Screening

### NEWBORN SCREENING

Your baby cannot tell you if he or she can hear your voice, a lullaby, or a nursery rhyme. Babies who do not hear may have problems learning to talk. Finding problems early can help. It is important to have your baby's hearing tested before leaving the hospital. Hearing problems need to be identified as early as possible to make sure your baby has the best chance to develop normally.<sup>2</sup>

For more information about newborn hearing screening, contact:

Tennessee Newborn Hearing Screening, 425 5th Avenue North, 5th floor, Nashville, TN 37247-4750, (615) 741-8530.

### STANDARD HEARING SCREENING

Hearing screening includes both subjective methods (health history, risk assessment, physical exam) and objective (pure-tone) hearing tests.

Subjective hearing screening should occur at each preventive health visit from birth to 21 years

Objective hearing screening with pure-tone testing should occur at key developmental ages:

#### Infancy:

Screen at newborn visit and at 6 months

#### Childhood:

Screen at 5, 6, 8, and 10 years

#### Adolescence:

Screen at 12, 15, and 18 years<sup>3</sup>

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<sup>1</sup> The Tennessee Department of Health would like to thank the March of Dimes for permission to use the copy from their brochure, *NEWBORN CARE*, for this section of the fact sheet.

<sup>2</sup> Tennessee Department of Health, Women's Health section, Newborn Hearing Fact Sheet, <http://www2.state.tn.us/health/FactSheets/hearing.htm>

<sup>3</sup> Bright Futures of Georgetown website, <http://www.brightfutures.org/healthcheck/screenings/hearing.html>





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## Vision Screening

Vision screening is critical for early detection and treatment of potentially blinding diseases and visual impairments. Between 2% and 5% of young children develop crossed eyes, a primary cause of amblyopia ("lazy eye"). If undetected and untreated, crossed eyes can lead to irreversible visual impairment. Nationwide, by 16 years of age, 20% of all children have refractive errors, which typically require corrective treatment with eyeglasses.

Vision screening includes both subjective methods (health history, risk assessment, physical exam), and objective vision tests.

Children and adolescents should receive subjective vision screening at each preventive health visit from birth to 21 years. They should receive objective vision screening with approved test methods at key developmental ages:

### Childhood:

Screen at 3, 5, 6, 8, and 10 years

### Adolescence:

Screen at 12, 15, and 18 years

## Early Detection and Prompt Referral

Children with an ocular abnormality or those who fail vision screening should be referred promptly to a vision care specialist.

If the child wears eyeglasses, assess the need to refer for optometric re-evaluation, based on vision screening results and the date of the last optometric evaluation.<sup>4</sup>

## Resources

In addition to choosing a health care provider for your baby, it's also important to know where to look for quality support and education. These organizations can help:

American Academy of Pediatrics - (847) 434-4000 Children's health and Parenting publications

La Leche League - (800) LALECHE Breastfeeding consultations and publications

March of Dimes - 1-888-MODIMES or [www.marchofdimes.com](http://www.marchofdimes.com)



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<sup>4</sup> Bright Futures of Georgetown website,  
<http://www.brightfutures.org/healthcheck/screenings/vision.html>

